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11-14-04  
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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 23, 2003.

Stephanie Daryale  
Stephanie Daryale

Appl No. : 09/724,200 Confirmation No. 7882  
Applicant : Tadayuki Ishida, et al.  
Filed : November 27, 2000  
Title : TOUCH CONTROL APPARATUS AND TOUCH CONTROL METHOD.  
THAT CAN BE APPLIED TO ELECTRONIC INSTRUMENT  
TC/A.U. : 2674  
Examiner : Abbas I. Abdulsalam  
Docket No. : 41211/DBP/K277  
Customer No. : 23363

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JAN 09 2004

Technology Center 2600

AMENDMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Post Office Box 7068  
Pasadena, CA 91109-7068  
December 23, 2003

Commissioner:

In response to the Office action of September 5, 2003, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 11 of this paper.

01/06/2004 HLE333 00000017 09724200

02 FC:1202 18.00 OP



2674/p

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
AMENDMENT TRANSMITTAL LETTER

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Technology Center 2600

Grp./Div. : 2674

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Commissioner for Patents  
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Alexandria, VA 22313-1450

Post Office Box 7068  
Pasadena, CA 91109-7068  
December 23, 2003

Commissioner:

Enclosed is an amendment to the above-identified application.

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE
Total Claims Fee	23	*22	1	x \$9.00	1 x \$18.00	\$18.00
Independent Claims	5	** 5	0	x \$43.00	x \$86.00	0
Multiple Dependent Claims ***				\$145.00	\$290.00	0
TOTAL FILING FEE						\$18.00
NO ADDITIONAL FEE REQUIRED ****	IF NO FEE REQUIRED, INSERT "0"					
LIST INDEPENDENT CLAIMS: 1, 6, 12, 16 and 26						
* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3 ** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3 *** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME **** IF NO FEE REQUIRED, ADDRESS ENVELOPE TO "BOX NON-FEE AMENDMENTS"						

X

Attached is our check for \$18.00 to pay the fees calculated above.

X

A Petition for Extension of Time and the required fee are enclosed.

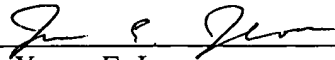
**Amendment Transmittal Letter**  
**Application No. 09/724,200**

\_\_\_\_\_ Other enclosures:

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. **A copy of this letter is enclosed.**

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By   
Jun-Young E. Jeon  
Reg. No. 43,693  
626/795-9900

JEJ/sd

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